

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE				
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.
1	1							51				
2		1						52				
3		1						53				
4		1						54				
5		1						55				
6		1						56				
7		1						57				
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39		1						89				
40	1							90				
41		1						91				
42		1						92				
43								93				
44								94				
45								95				
46								96				
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS												

Best Available Copy